

NORTH RALEIGH CHURCH OF CHRIST PRESCHOOL

LUNCH BUNCH 2026- 2027 MONTHLY REGISTRATION

Name: _____

Teacher: _____ Class: _____

Month of Lunch Bunch: (circle all that apply)

Sept Oct Nov Dec Jan Feb Mar Apr May

Days of week child will attend Lunch Bunch: (circle all that apply)

Monday Tuesday Wednesday Thursday Friday

Lunch Bunch rate for the month are as follows:

Must choose same day each week.

1 day a week = \$25.00 per month (ex. every Tuesday of the month)

2 days a week = \$50.00 per month (ex. every T/TH of the month)

3 days a week = \$75.00 per month (ex. every M/W/F of the month)

4 days a week = \$100.00 per month (ex. every M/T/W/TH of the month)

5 days a week = \$125.00 per month

(Drop-in rate is \$10/day for children who are not signed up for Lunch Bunch)

Please check that you understand the following:

_____ I understand that if I don't pay the monthly rate then I will be charged the \$10.00 per day daily rate.

_____ I understand I **must choose the same day(s) of each week for the entire month** and that the costs are considered monthly fees and must be paid in advance at the beginning of the month (no prorates are available with the monthly rate.)

_____ I understand that these fees can be included in my monthly tuition check if placed in a completed payment envelope and placed in the tuition box. **To ensure proper credit to your account, please fill out tuition envelopes.**

Parent/Guardian Signature: _____

Date: _____